STATEMENT OF

FORM 1	ORGANIZ (See instructi			Office use only
1. NAME OF COMMITTEE (in	(Check if name full) is changed)	Example: If typying, type over the lines	12FE4M5	Office use only
American Traf	fic Safety Services Association	PAC		
ADDRESS (number and	street) 15 Riverside Parkw	ay Suite 100		
(Check if address is changed)		1111111		
	Fredericksburg		L VA	22406 -
		CITY	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MA	L ADDRESS (Please provide only one e	e-mail address)		
(Check if address is changed)	laura.perrotta@atss	sa.com		
				11111111
(Check if address is changed)	PAGE ADDRESS (URL)			
2. DATE M 1.1	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			
3. FEC IDENTIFICA	TION NUMBER	C C00281717		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)	
I certify that I have exam Type or Print Name of	ned this Statement and to the best of my kn TreasurerLaura Perrotta	owledge and belief it is true, corre	ect and complete	
Signature of Treasurer	Electronically Filed by Laura Pe	rrotta	Date 111	0 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	se, erroneous, or incomplete information m	ay subject the person signing this	•	
Office Use Only		For further informa Federal Election Cor Toll Free 800-424-99	nmission 530	FEC FORM 1 (Revised 02/2009)